#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L0100000924

Entity Name: BLOWN AWAY, L.L.C.

## **Current Principal Place of Business:**

2730 SHUTE STREET ORLANDO, FL 32805

# **Current Mailing Address:**

P.O. BOX 618271 ORLANDO, FL 32861-8271

## FEI Number: 59-3695754

## Name and Address of Current Registered Agent:

SCHICK, BETH SESQ. SHUFFIELD, LOWMAN & WILSON, P.A. 1000 LEGION PLACE #1700 ORLANDO, FL 32801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

TitleMGRNameBARNETT, RONALDAddressP.O. BOX 618271City-State-Zip:ORLANDO FL 32861-8271

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD BARNETT

MANAGER

02/27/2015 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 27, 2015 Secretary of State CC8640696755

Certificate of Status Desired: No

Date